

CLAIMS ONLY							Application Number 10/021,770		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51	1				
2							52					
3							53					
4							54		1			
5							55		1			
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69	1				
20							70	1				
21							71					
22							72					
23							73					
24							74	1				
25							75	1				
26							76	1	0			
27							77		1			
28							78		1			
29							79	1				
30							80		1			
31							81		1			
32							82		1			
33							83		1			
34							84		1			
35							85		1			
36							86		1			
37							87	1				
38							88	1				
39							89	1				
40							90	1				
41							91	1				
42							92		1			
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep	12				
Total Depend							Total Depend	12				
Total Claims							Total Claims	24				